

1/5

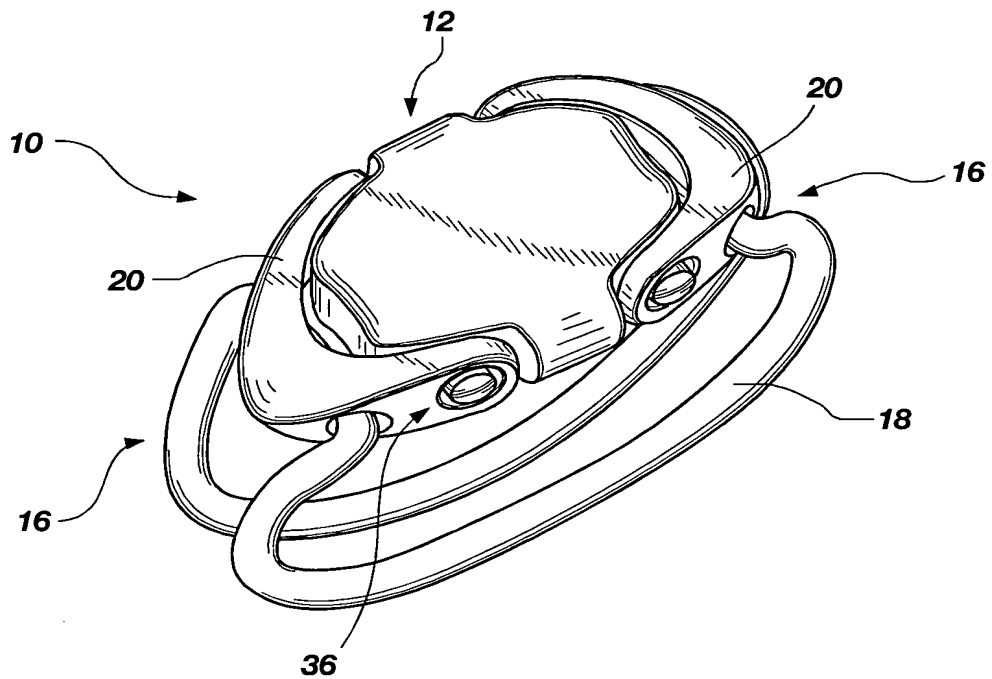


FIG. 1

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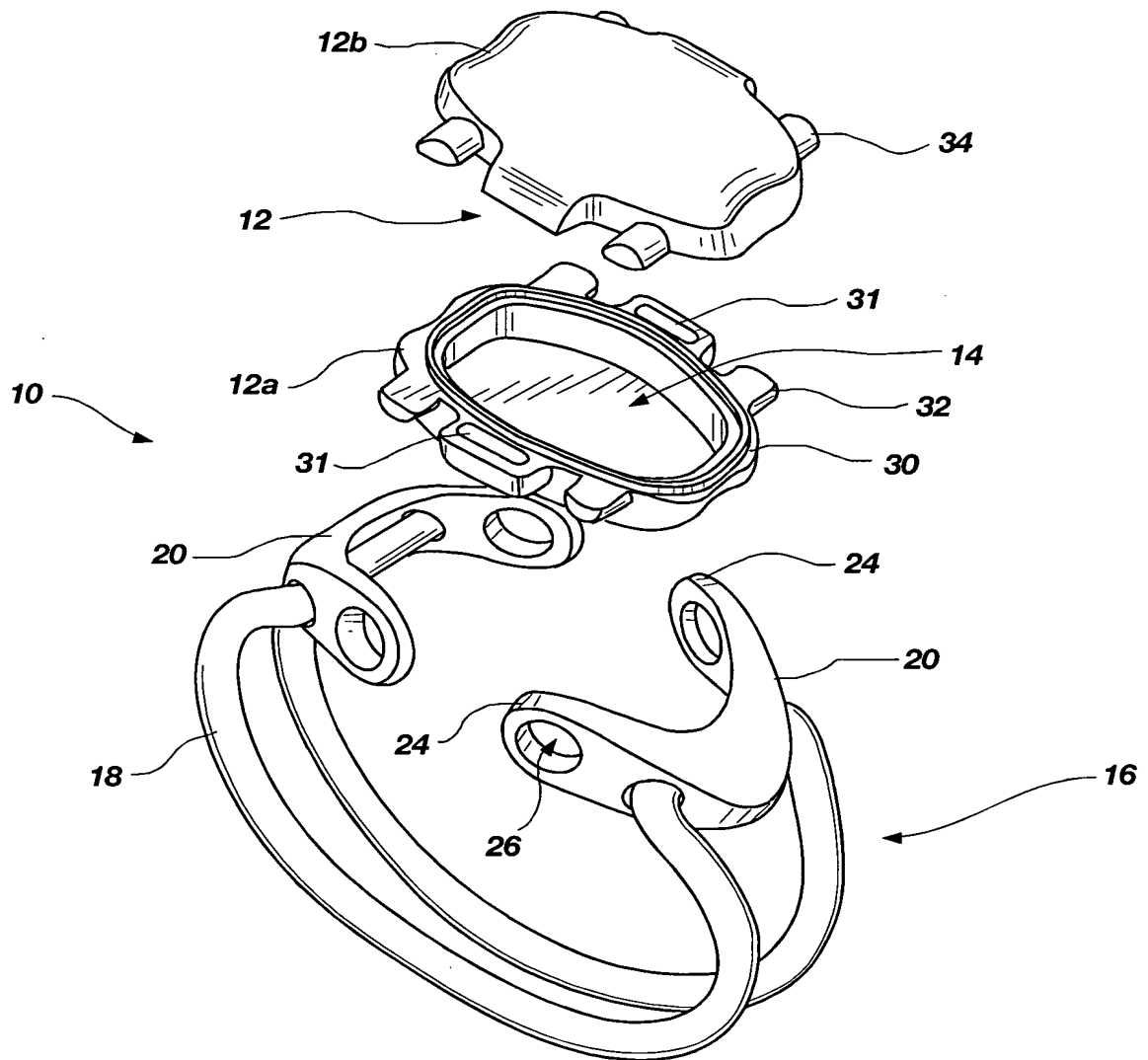


FIG. 2

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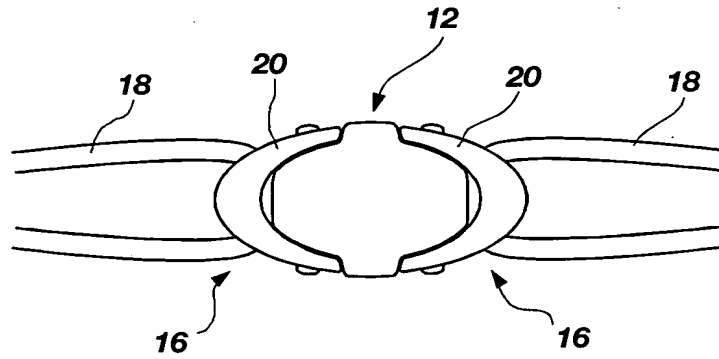


FIG. 3A

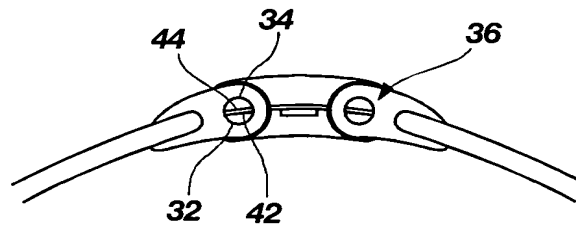


FIG. 3B

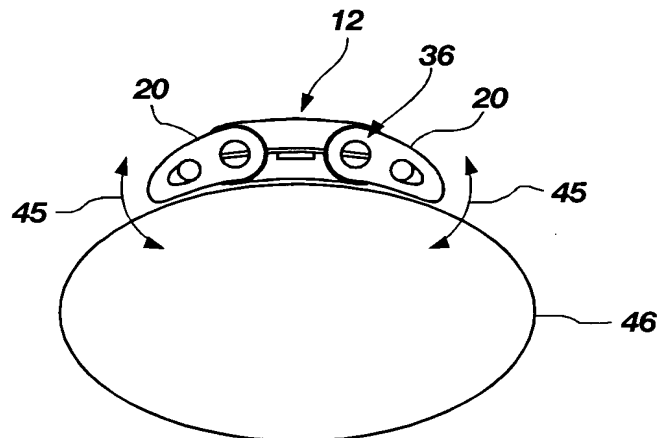


FIG. 3C

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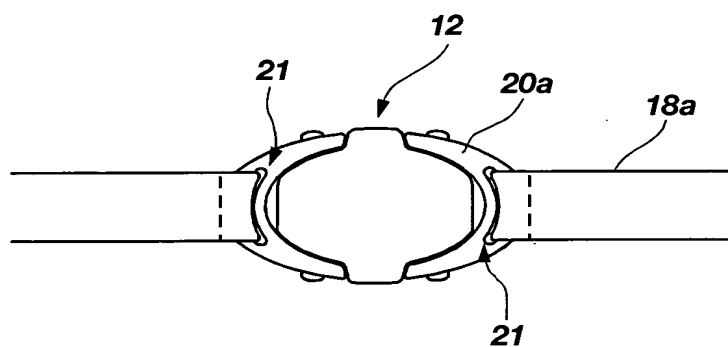


FIG. 4A

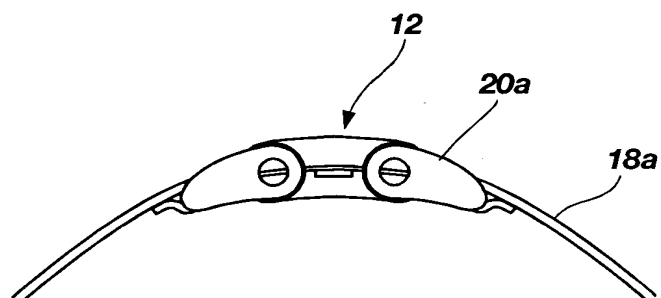


FIG. 4B

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**EMERGENCY
IDENTIFICATION
SYSTEM**

In the event of an accident or medical
emergency, please contact the following
family member(s) and/or friend(s).
Thank-you,

(Name/Signature)

Name/Relationship	Phone Numbers
-------------------	---------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Existing Medical Conditions, Allergies,
Blood Type, Medications, Etc.

Other Information or Requests

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FIG. 5

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